

1949

APR 6

Artist Coral Christenson (Please print plainly)

Telephone No. Ma 5132 Address 3061 E. Derbyshire Road, Cleve. Hts. 18

Zone No. _____

Please Enclose Registration Fee of \$2.00 (Check or Money Order) With Entry Blank

[illegible]

Entry blanks must be filled out and returned to the Museum on or before April 5, those postmarked later than April 5 will not be accepted.

Entries must be delivered at the Museum between 9 A.M. and 5 P.M. from April 9 to April 16 (except Sunday).

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